

are identified following the culture of urethral material from men.

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Ayre v Aylesbury cervical spatulas

Sir,

Our experience with the use of the Ayre and Aylesbury spatulas for taking cervical smears from women attending a genitourinary medicine clinic is similar to that of Dr Goorney and colleagues.¹ Cervical smears obtained with Ayre spatula from 406 women who attended the department of genitourinary medicine in Newcastle during the first quarter were compared with those obtained with Aylesbury spatula from 566 women who attended during the second quarter of this year. Women who had smears taken as follow up to previous abnormal smears were not included in this analysis. If a woman had more than one smear taken during the six month study period only the first smear was included. Both groups were similar in age with mean ages of 25.1 and 25 years. The incidence of sexually transmitted diseases diagnosed during the same quarter

as the smear did not differ significantly between the two groups. Endocervical cells were found significantly more often with the Aylesbury spatula than with the Ayre spatula, especially if the smear was normal (table). There was no significant difference between the proportions of epithelial abnormalities with or without endocervical cells diagnosed with the two spatulas. Altogether 82 (20.2%) of smears obtained with the Ayre spatula and 91 (16.4%) of smears obtained with Aylesbury spatula had epithelial abnormalities ($p > 0.1$). Unlike Dr Goorney and colleagues we did not see a significant difference between the proportions of unsatisfactory smears in the two groups.

The apparent lack of association between the detection of endocervical cells and that of abnormalities needs to be interpreted with caution as endocervical cells may not after all be the right indicator of adequacy of sampling.^{2,3} Perhaps the quality of smears (and the efficacy of spatulas) should be assessed using multiple criteria so that the better sampling method can be found.

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Allergic reactions to rubber condoms

Sir,

Allergic reactions to condoms are infrequently reported in the literature. Antioxidants and other rubber chemicals are potential allergens and an attempt has been made to make "hypoallergenic" condoms by washing out rubber additives.¹ In a recent paper in Genitourinary Medicine, Rademaker and Forsyth stated that rubber latex itself rarely gives rise to allergic problems.¹ In contrast to this view, we have shown that allergy to latex is rather common among people using surgical or household rubber gloves and that condoms may also cause symptoms due to allergy.^{2,3} The frequency of latex allergy among glove-using hospital employees is as high as 3% in Finland and increasing awareness has revealed this allergy in many other countries.⁴ The allergen is latex protein derived from the rubber tree and existing in manufactured products such as gloves, condoms and balloons. The symptoms include local urticarial reactions but also systemic symptoms such as asthma. Moreover, allergic patients have exhibited anaphylactic reactions during delivery or vaginal examination from the latex gloves worn by doctors and nurses.⁵

The manufacturing process is similar for both condoms and surgical latex gloves. Therefore, condoms also seem to be a potential source of latex allergy. We recently described seven (six females, one male) patients allergic to latex who had experienced local symptoms from contact with condoms during or immediately after intercourse.³ An anaphylactic reaction from condom usage was recently reported by Taylor et al showing also that condom allergy can be life-threatening.⁶ We examined 16 different condom brands and found great differences in their allergenicity.³ Three of the most allergenic brands originated from the same manufacturer suggesting that the amount of latex protein persisting in condoms is dependent on the manufacturing process.

The immediate latex allergy from gloves and condoms is a newly described phenomenon which may easily escape clinical diagnosis. Atopic people are prone to this IgE-mediated allergy which can be verified by prick testing or latex RAST (Pharmacia Diagnostics, Uppsala, Sweden).^{3,7} Simultaneous delayed allergy to rubber chemicals is

Comparison of 962 women whose smears were taken with Ayre or Aylesbury spatulas (figures refer to numbers (percentages) of women with the given finding)

	Ayre (n = 406) (mean age = 25.1)	Aylesbury (n = 566) (mean age = 25.0)	Difference
Normal smear	311 (76.6)	451 (81.1)	NS
with endocervical cells	130	247	$p < 0.001$
Non dyskaryotic epithelial abnormality	65 (16.1)	71 (12.8)	NS
with endocervical cells	28	34	NS
Dyskaryotic smear	17 (4.1)	20 (3.6)	NS
with endocervical cells	5	12	NS†
Unsatisfactory smear	13 (3.2)	14 (2.5)	NS
Total	406	566	
Smear with endocervical cells	163 (40.1)	293 (52.7)	$p < 0.001$
Lower genital tract infection/s†	214 (53.7)	323 (58.1)	NS
Lower genital tract infection/s—Group A*	134 (33)	205 (36.9)	NS

*One or more of syphilis, gonorrhoea, chlamydial infections, genital herpes, condyloma accuminata and trichomoniasis.

†Fisher's exact probability value = 0.124.

†Includes Group A.

possible but can be excluded with patch tests.⁸ Owing to the risk of systemic symptoms, latex allergic people should be advised to use gloves made from synthetic rubber or polyvinylchloride. However, at present such non-latex condoms are not available. The term "hypoallergenic" condoms or gloves used by some manufacturers and authors is confusing both for medical and lay people and should be abandoned.¹⁹ After special manufacturing processes these products may contain lower amounts of rubber chemicals but are not free of latex proteins. Therefore, these "hypoallergenic" gloves or condoms are still capable of causing severe IgE-mediated allergy in latex allergic people, although people with rubber contact dermatitis may remain symptomless.

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Book reviews

Colour atlas of sexually transmitted diseases. By Anthony Wisdom (£32 hardback, £19.50 paperback). London: Wolfe Medical (ISBN 0734 1505 6).

A well-thumbed copy of the first edition bears witness to how useful I have found this book to be over the years—and still do on occasions. The title of the second edition has been changed to keep pace with the times but the format is unaltered: a brief text with lots of illustrations covering the presentation, examination and investigation of an extensive range of genitourinary disorders. As before, treatment and other aspects of management have been left to more wordy tomes.

Some parts of the text have required considerable updating; the section on non-gonococcal infection, for example, has been substantially re-written to take account of developments in the field of *Chlamydia trachomatis* research. Other topics, such as bacterial vaginosis, have been introduced for the first time and colposcopy is mentioned, albeit briefly. The text is not always as succinct as it could be and the new chapter on Human Immunodeficiency Virus (HIV) disease is not particularly well laid out, although to condense such a rapidly growing topic into so few pages must have been a difficult task.

Let me not nit-pick, however, about the text; what is required of a colour atlas is lots of good clinical pictures and these are here in abundance. Devotees of the last edition will recognise many of the illustrations but it would be churlish to complain about the repetition as many, such as those showing the late stages of treponemal infections, are

unlikely ever to be bettered. The extensive chapter covering dermatological disorders and the section on anatomical anomalies are particularly useful. The standard of reproduction of the clinical material is excellent and many conditions encountered only occasionally in clinical practice are clearly shown.

This book is a must for those new to the specialty of Genitourinary Medicine and essential reading for anyone who may ever be called upon to examine the genitalia in the hope of coming up with a diagnosis. Those who still have a copy of the first edition would do well to hang on to it and update the pictorial collection by acquiring a separate atlas covering HIV related disease.

ERICA ALLASON-JONES

A colour atlas of AIDS in the tropics. By MA Amsay, SK Hira, AC Bayley, C Chintie, SL Nyaywa. (Pp 126; £35). London: Wolfe Medical Publications 1989 (ISBN 07234-1567-6).

This colour atlas of AIDS in the tropics illustrates dramatically the florid nature of HIV-associated infectious diseases and tumours. The atlas is of exceedingly high quality and comes from the University Teaching Hospital and Ministry of Health in Lusaka, Zambia. The Department of Medical Illustration deserve great credit for the quality of the photography and the colour photographs portray the chronicle of severe manifestations of HIV infection in

AIDS in Africa. There are extensive collections of photographs illustrating sexually transmitted diseases in HIV infected and non-infected patients, and the range of skin manifestations in HIV infection, including a detailed demonstration of the clinical appearances of endemic Kaposi sarcoma compared with the more recently described aggressive African Kaposi sarcoma associated with HIV infection. Indeed, the first descriptions of African AIDS arose from the astute observations of this group in Zambia of the altered nature of Kaposi sarcoma amongst young adults. AIDS is changing the clinical appearances of many infectious diseases and this atlas illustrates for the first time the altered pattern in Africa. The text is short and didactic but covers the major areas describing the clinical aspects of AIDS with shorter sections on laboratory and epidemiological features of HIV infection and ending up with a section on prevention and health education.

It is difficult to put the book down once you have opened it and this colour atlas will undoubtedly be a reference for those learning about the clinical manifestations of AIDS, not only in the tropics but worldwide as this epidemic spreads to require the involvement of more and more health workers.

By representing the horrific complications of AIDS so graphically, this book is not for the squeamish but encourages us all to redouble efforts at preventing HIV infection, both by public health education in younger children and by increasing efforts at vaccine production.

KPWJ McAdam